

ENVIRONMENTAL PROTECTION AGENCY STATE OF ILLINOIS

L P C F C O 5 5 C
(1) (8) (9)

ILD098642424

OBSERVATION REPORT - SITE INVENTORY NO.

16312104
(11) (18)1.5.57
C.2
7/14/81
154049

ST. CLAIR

CO. - L.P.C.

Region # 5

Date 07/14/81

(20) (25)

SAUGET

(Location)

1 TRADE WASTE INCINERATOR

(Responsible Party)

Letter Sent (Yes or No) N

(26)

Samples Taken: Yes () No (X)

Time: From 02:00 PM

Weather RAINY, MUDDY, 80°

Ground Water () Surface () Other ()

To 04:15 PM

Photos Taken: Yes () No (X)

Interviewed VAUGHN MEISTER Inspector

D M S

(27) (29)

Previous Inspection

Previous Correspondence

Site Open: Yes (X) No ()

OPERATIONAL STATUS:

TYPE OF OPERATION:

AUTHORIZATION:

Operating (X)

Landfill ()

Storage ()

E.P.A. Permit X

Temporarily Closed ()

Random Dump ()

Salvage ()

Variance ()

Closed Not Covered ()

Other INCINERATOR

A.C.D. ()

21(e) ()

Closed and Covered ()

Quantity Received Daily(1-6)

1

Board Order ()

Illegal (5) ()

(31)

IMPROVED

RECEIVED

(30)

AUG 14 1981

LPC 4 1/79 5,000

SAME

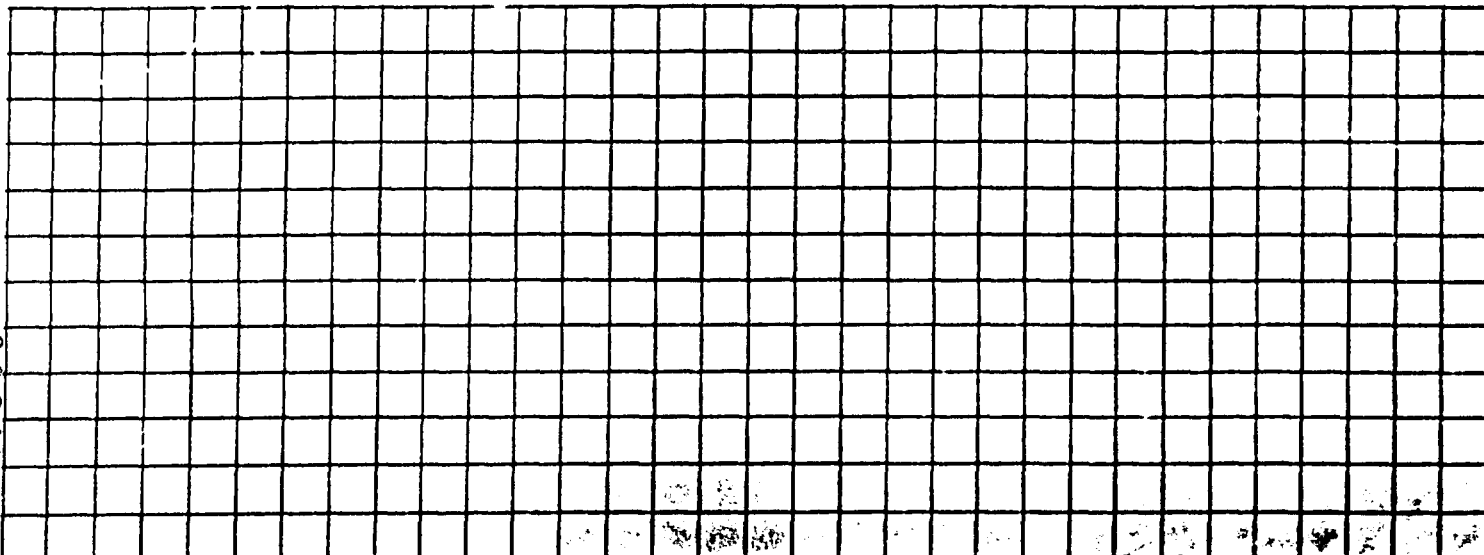
DETERIORATED

E.P.A. - D.L.P.C.
STATE OF ILLINOISI or D S
(62)

GENERAL REMARKS: TRADE WASTE INCINERATOR (ALSO KNOWN AS TWI) IS PRIMARILY
INCINERATION AND SHORT-TERM TANK AND BARREL STORAGE. THE
INSPECTION WAS CONDUCTED WITH VAUGHN MEISTER, PROCESS ENGINEER FOR
TWI AND PERRY MANN, I.E.P.A. UNDECLARABLE SOLVENTS, SOLIDS AND
INFECTIOUS AND PATHOLOGICAL WASTES ARE INCINERATED. AT THE TIME OF THE
INSPECTION, THE INCINERATOR WAS SHUT DOWN DUE TO THE REPLACEMENT OF THE HEARTH.
ADMINISTRATIVE RECORDS WERE CHECKED AND APPEARED TO BE IN COMPLIANCE
WITH RCRA REQUIREMENTS. SOME CONTAINER STORAGE IS QUESTIONED AS A

INTERVIEW: FIBER CONTAINER IS UTILIZED. THE AVERAGE STORAGE TIME AT THE SITE IS
3 WEEKS, BUT DUE TO THE OUTDOOR STORAGE, IT IS NOT KNOWN IF THESE DEWAS
ARE ADEQUATE FOR STORING HAZ. WASTE. THEY WERE RAN SIALED AT THE TIME OF
THE INSPECTION. SEVERAL CONTAINERS WERE OPEN, BUT THE MAJORITY ARE STOPPED
CLOSED. AT THE PRESENT TIME, IT WASTE STREAMS ARE ACCEPTED BY THE
FACILITY.

DIAGRAM:



006175

163121049
STATE IDENTIFICATION NUMBER
(If Applicable)

ILD098642424
EPA IDENTIFICATION NUMBER

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
TREATMENT, STORAGE, AND DISPOSAL FACILITIES
Form A - General Facility Standards

RECEIVED

AUG 14 1981

E.P.A. - D.L.P.C.
STATE OF ILLINOIS

I. General Information:

(A) Facility Name: TRADE WASTE INCINERATION, INC.
(B) Street: # 7 MOBILE AVENUE
(C) City: SAUGET (D) State: ILLINOIS (E) Zip Code: 62201
(F) Phone: 618/271-2804 (G) County: ST. CLAIR
(H) Operator: TRADE WASTE INCINERATION, INC.
(I) Street: # 7 MOBILE AVENUE
(J) City: SAUGET (K) State: ILLINOIS (L) Zip Code: 62201
(M) Phone: 618/271-2804 (N) County: ST. CLAIR
(O) Owner: TRADE WASTE INCINERATOR, INC.
(P) Street: # 7 MOBILE AVENUE
(Q) City: SAUGET (R) State: ILLINOIS (S) Zip Code: 62201
(T) Phone: 618/271-2804 (U) County: ST. CLAIR
(V) Date of Inspection: 7/14/81 (W) Time of Inspection (From) 2:00p. (To) 4:15p
(X) Weather Conditions: RAINY, MUDDY, ≈ 90°

St. Clair County
Sauget/Trade Waste Incinerator
ILD098642424/16312104

Complete inspection report includes
pages 1-11, 16, 17, 19, 20 and 24.

Rev. 3-6-81/J.B.

006176

(Y) Person(s) Interviewed	Title	Telephone
<u>VAUGHN E. MEISTER</u>	<u>PROCESS ENGINEER</u>	<u>618/271-2804</u>
_____	_____	_____
_____	_____	_____
(Z) Inspection Participants	Agency/Title	Telephone
<u>VAUGHN E. MEISTER</u>	<u>T.W. I./PROCESS ENG.</u>	<u>618/271-2804</u>
<u>PERRY MANN</u>	<u>I.E.P.A./ENV. PROT. SPEC.</u>	<u>618/345-4606</u>
<u>DIANE M. SPENCER</u>	<u>I.E.P.A./ENV. PROT. SPEC.</u>	<u>618/345-4606</u>
(AA) Preparer Information		
Name	Agency/Title	Telephone
<u>DIANE M. SPENCER</u>	<u>I.E.P.A./ENV. PROT. SPECIALIST</u>	<u>618/345-4606</u>

II. SITE ACTIVITY:

Complete sections I through VII for all treatment, storage, and/or disposal facilities. Complete the forms (in parenthesis) in section VIII corresponding to the site activities identified below:

- ☒ A. Storage and/or Treatment
- ☒ Containers (I)
- ☒ Tanks (J)
3. Surface Impoundments (K)
4. Waste Piles (L)

___ B. Land Treatment (M)

___ C. Landfills (N)

- ☒ D. Incineration and/or Thermal Treatment (O and P)

___ E. Chemical, Physical, and Biological Treatment (Q)

Note: If facility is also a generator or transporter of hazardous waste complete sections IX and X of this form as appropriate.

III. GENERAL FACILITY STANDARDS:
(Part 265 Subpart B)

	Yes	No	NI*	Remark
(A) Has the Regional Administrator been notified regarding:				
1. Receipt of hazardous waste from a foreign source?	—	N/A	—	_____
2. Facility expansion?	—	N/A	—	_____
(B) General Waste Analysis:				
1. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	✓	—	—	_____
2. Does the owner or operator have a detailed waste analysis plan on file at the facility?	✓	—	—	_____
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	✓	—	—	_____
(C) Security - Do security measures include: (if applicable)				
1. 24-Hour surveillance?	—	✓	—	_____
2. Artificial or natural barrier around facility?	✓	—	—	_____
3. Controlled entry?	✓	—	—	_____
4. Danger sign(s) at entrance?	✓	—	—	_____
(D) Do Owner or Operator Inspections Include:				
1. Records of malfunctions?	✓	—	—	_____
2. Records of operator error?	✓	—	—	_____
3. Records of discharges?	✓	—	—	_____

*Not Inspected

23530000004

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III. GENERAL FACILITY STANDARDS - Continued

	Yes	No	NI*	Remarks
4. Inspection schedule?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Safety, emergency equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Security devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Operating and structural devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Inspection log?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(E) Do personnel training records include: XXXXXXXXXX				
1. Job titles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Job descriptions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Description of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Records of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have facility personnel received required training by 5-19-81?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do new personnel receive required training within six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(F) If required are the following special requirements for ignitable, reactive, or incompatible wastes addressed?				
1. Special handling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. No smoking signs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Separation and protection from ignition sources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Not Inspected

IV. PREPAREDNESS AND PREVENTION:
(Part 265 Subpart C)

(A) Maintenance and Operation
of Facility:

Is there any evidence of fire,
explosion, or release of
hazardous waste or hazardous
waste constituent?

Yes No NI* Remarks

— ✓ —

(B) If required, does the facility
have the following equipment:

1. Internal communications or
alarm systems?

✓ — —

2. Telephone or 2-way radios
at the scene of operations?

✓ — —

3. Portable fire extinguishers,
fire control, spill control
equipment and decontamination
equipment?

✓ — —

Indicate the volume of water and/or foam available for fire control:

ADEQUATE SUPPLY

(C) Testing and Maintenance of
Emergency Equipment:

1. Has the owner or operator
established testing and
maintenance procedures
for emergency equipment?

✓ — —

CHECKED MONTHLY

2. Is emergency equipment
maintained in operable
conditions?

✓ — —

(D) Has owner or operator provided
immediate access to internal
alarms? (if needed)

✓ — —

*Not Inspected

(E) Is there adequate aisle space for unobstructed movement?

— N/A —

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES:
(Part 265 Subpart D)

(A) Does the Contingency Plan contain the following information:

Yes No NI* Remarks

1. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)
2. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?
3. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?
4. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?
5. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)

✓

✓

✓

✓

✓

*Not Inspected

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES - Continued

	Yes	No	NI*	Remarks
(B) Are copies of the Contingency Plan available at site and local emergency organizations?	✓	—	—	
(C) Emergency Coordinator				
1. Is the facility Emergency Coordinator identified?	✓	—	—	
2. Is coordinator familiar with all aspects of site operation and emergency procedures?	✓	—	—	
3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	✓	—	—	
(D) Emergency Procedures				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?				
	—	N/A	—	NO EMERGENCY HAS OCCURRED

VI. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING (Part 265 Subpart E)

	Yes	No	NI*	Remarks
(A) Use of Manifest System				
1. Does the facility follow the procedures listed in §265.71 for processing each manifest?	✓	—	—	
2. Are records of past shipments retained for 3 years?	—	N/A	—	MANIFEST SYSTEM NOT IN USE FOR 3 YRS.
(B) Does the owner or operator meet requirements regarding manifest discrepancies?	—	N/A	—	NONE HAVE OCCURRED

*Not Inspected

VI. RECORDKEEPING - Continued

(C) Operating Record

1. Does the owner or operator maintain an operating record as required in 265.73?

✓ — — —

2. Does the operating record contain the following information:

**b. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in Appendix I?

✓ — — —

c. The location and quantity of each hazardous waste within the facility?

✓ — — —

***d. A map or diagram of each cell or disposal area showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)

— N/A — DISPOSAL FACILITIES ONLY

e. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?

✓ — — —

f. Reports detailing all incidents that required implementation of the Contingency Plan?

✓ — — —

g. All closure and post closure costs as applicable? (Effective 5-19-81)

✓ — — —

** See page 33252 of the May 19, 1980, Federal Register.

*** Only applies to disposal facilities

*Not Inspected

VII. CLOSURE AND POST CLOSURE
(Part 265 Subpart G)

	Yes	No	NI*	Remarks
(A) Closure and Post Closure				
1. Is the facility closure plan available for inspection by May 19, 1981?	✓			
2. Has this plan been submitted to the Regional Administrator		N/A		
3. Has closure begun?		✓		
4. Is closure estimate available by May 19, 1981?	✓			
(B) Post closure care and use of property				
Has the owner or operator supplied a post closure monitoring plan? (effective by May 19, 1981)				N/A DISPOSAL FACILITIES ONLY

VIII. FACILITY STANDARDS
(Part 265, Subparts I thru R)

USE AND MANAGEMENT OF CONTAINERS

Facility Name: SAUGET/TRADE WASTE INCINER-ATOR Date of Inspection: 7/14/81

	Yes	No	NI*	Remarks
1. Are containers in good condition?	✓			
2. Are containers compatible with waste in them?	✓			
3. Are containers stored closed?	✓			SEVERAL DRUMS NOT SEALED (MAJORITY, PROPERLY HANDLED)
4. Are containers managed to prevent leaks?	✓			WASTE RECEIVED IN FIBER DRUMS UNPROTECTED FROM ELEMENTS OUTDOORS
5. Are containers inspected weekly for leaks and defects?	✓			INSPECTIONS CONDUCTED, BUT WASTE IS USUALLY NOT PRESENT FOR OVER 1 WEEK
6. Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive.)	✓			IGNITABLE WASTE IS STORED AWAY FROM SITE PROPERTY LINE

066185

	Yes	No	NI*	Remarks
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J TANKS				
Facility Name: <u>SAUGET/TRADE WASTE INCINERATOR</u> Date of Inspection: <u>7/14/81</u>				
1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>CLOSED TANKS</u>
3. Do continuous feed systems have a waste-feed cutoff?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>NOT CONTINUOUS FEED</u>
4. Are waste analyses done before the tanks are used to store a substantially different waste than before?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>SAME TYPE WASTE STORED IN SAME TANK</u>
5. Are required daily and weekly inspections done?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>REACTIVE & IGNITABLE WASTES STORED SEPARATELY AND PROTECTED</u>
7. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR 265.17(b) apply.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8. Has the owner or operator observed the National Fire Protection Association's buffer zone requirements for tanks containing ignitable or reactive wastes?

Tank capacity: 3 TANKS = 9,000 gal. CAPACITY OR 28,000 gal. TOTAL
2 TANKS = 2,000 gal. each gallons

Tank diameter: _____ feet

Distance of tank from property line OVER 50 feet

(See table 2 - 1 through 2 - 6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

K
SURFACE IMPOUNDMENTS

Facility Name: _____

Date of Inspection: _____

1. Do surface impoundments have at least 60 cm (2 feet) of freeboard?

2. Do earthen dikes have protective covers?

3. Are waste analyses done when the impoundment is used to store a substantially different waste than before?

4. Is the freeboard level inspected at least daily?

5. Are the dikes inspected weekly for evidence of leaks or deterioration?

6. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a surface impoundment? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)

7. Are incompatible wastes stored in different impoundments? (If not, the provisions of 40 CFR 265.17(b) apply.)

O and P
INCINERATION and THERMAL TREATMENT

(A) Facility Name: SAUGET/TRADE WASTE INCINERATION

(B) Date of Inspection: 7/14/81

I. Determination of Steady State

A. Type of unit (i.e., type of incinerator or thermal treatment): _____

ECP INCINERATOR MODEL 2000 T

B. Components and steady state condition:

**** Was this component at SS prior to adding waste?

Component	Yes	No	NI*	Remarks
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

II. Waste Analysis

A. Minimum requirements, for wastes not previously burned/treated.

1. Required analyses; has an analysis been performed for the following?	Yes	No	NI*	Remarks
a. Heating value	<input checked="" type="checkbox"/>	_____	_____	_____
b. Halogen content	<input checked="" type="checkbox"/>	_____	_____	_____
c. Sulfur content	<input checked="" type="checkbox"/>	_____	_____	_____

*Not Inspected

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Yes No NI* Remarks

2. Has documented or written data been substituted for analysis of either:

a. Lead?

— — — ANALYSIS

b. Mercury?

— — — CONDUCTED

- B. List other parameters for which the waste is tested to enable owner or operator to establish steady state or determine the types of pollutants which may be emitted. (Note in Remarks any which you feel should be tested.)

Remarks

1. % Cl
2. ppm PCB ; ppm PESTICIDES
3. HEAVY METALS (Ag, As, Ba, Cd, Cr, Cu, Hg, Ni, Pb, Se, Zn, CN)
4. _____
5. _____

III. Monitoring and Inspections

Yes No NI* Remarks

- A. Are combustion/emission control instruments monitored at least every 15 minutes?

✓ — —

- B. Is steady state maintained or corrections attempted?

✓ — —

- C. Is stack plume observed at least hourly for normal color and opacity?

✓ — —

OBSERVED IN NORMAL WORKING PROCESS

- D. Did any stack observations made by owner or operator show a plume different than normal?*

— — ✓

- E. If yes to D above, were corrections made to return emissions to normal appearance?*

— — —

- F. Are the complete unit and associated equipment inspected daily for leaks, spills, and fugitive emissions?

✓ — —

- G. Are emergency shutdown controls and system alarms checked daily for proper operation?

✓ — —

*Not Inspected

**Specify in Remarks for what period of time this was checked.

	Yes	No	NI*	Remarks
3. Has the owner or operator addressed the waste analysis requirements of 265.402?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are inspection procedures followed according to 265.403?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are the special requirements fulfilled for ignitable or reactive wastes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are incompatible wastes treated? (If yes, 265.17(b) applies.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Note: EPA has temporarily suspended the applicability of the requirements of the hazardous waste regulations in 40 CFR Parts 122, 264 and 265 to owners and operators of (1) wastewater treatment tanks that receive, store, and treat wastewaters that are hazardous waste or that generate, store or treat a wastewater treatment sludge which is a hazardous waste where such wastewaters are subject to regulation under Sections 402 or 307(b) of the Clean Water Act (33 U.S.C. 1251 et seq.) and (2) neutralization tanks, transport vehicles, vessels, or containers which neutralize wastes which are hazardous only because they exhibit the corrosivity characteristic under 40 CFR §261.22, or are listed as hazardous wastes in Subpart D of 40 CFR Part 261 only for this reason.

IX

Complete this section if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

1. MANIFEST REQUIREMENTS

	Yes	No	NI*	Remarks
(A) Does the operator have copies of the manifest available for review?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Do the manifest forms reviewed contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements)				
1. Manifest document number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Name, mailing address, telephone number, and EPA ID Number of Generator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NI*	Remarks
3. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Name, address, and EPA ID Number of Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Required certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Required signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) Does the owner or operator submit exception reports when needed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>NO EXCEPTION REPORTS FILED AT THIS TIME</u>

2. PRE-TRANSPORT REQUIREMENTS

(A) Is waste packaged in accordance with DOT Regulations? (Required prior to movement of hazardous waste off-site)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>NO SHIPMENT OF WASTE BEING DONE AT THE TIME OF THE INSPECTION</u>
(B) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required to movement of hazardous waste off-site)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
(C) If required, are placards available to transporters of hazardous waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

REMARKS

Use this section to briefly describe site activities observed at the time of the inspection. Note any possible violations of Interim Status Standards.

TRADE WASTE INCINERATOR (TWI) INCINERATES HAZARDOUS WASTE.

IT IS ALSO A SHORT-TERM STORAGE FACILITY THROUGH THE USE OF TANKS AND DRUMS. APPROXIMATELY 20 VARIOUS WASTES ARE INCINERATED AT THE FACILITY. STORAGE, PRIOR TO DISPOSAL, IS SHORT-TERM AND RARELY IS A WASTE PRESENT OVER 2-3 WEEKS.

THE INCINERATOR WAS SHUT DOWN AT THE TIME OF THE INSPECTION FOR THE INSTALLATION OF A NEW HEARTH. RECORDS WERE CHECKED REGARDING OPERATION AND INSPECTIONS OF THE FACILITY.

SEVERAL OF THE DRUMS, WHICH ARE STORED OUTSIDE ON PALLETS, WERE NOT COVERED. ALSO, FIBER DRUMS WERE USED FOR STORAGE. THE ADEQUACY OF THIS TYPE OF CONTAINER IN AN OUTDOOR STORAGE AREA IS QUESTIONABLE. THE CONTAINERS WERE RAIN SOAKED AT THE TIME OF THE INSPECTION.

FIVE TANKS ARE USED IN THE SHORT-TERM STORAGE OF THE WASTE PRIOR TO INCINERATION. EACH TANK CONSISTENTLY CONTAINS THE SAME TYPE WASTE AND ALL ARE CLOSED.

THE ADMINISTRATIVE PAPERWORK CHECKED IN REGARD TO THE INTERIM STATUS STANDARDS APPEARED TO HAVE MET THE REQUIREMENTS.

1006101